

GDS Registration Form – GDS Experience 2018

Please fill out the information below and return via email or mail.

FAMILY INFORMATION:

Date _____/_____/_____

Student's Name _____

Birth Date / Age _____

Address _____

School _____ Gr Level in Fall 2018 _____

Parent's Name _____ Email _____

Home Phone _____ Cell Phone _____

Emergency Contact (not parent)

Name _____ Phone _____

GDS Experience

- For Levels I & II, Ballet, Jazz, Hip Hop, and Theater
- Monday through Friday 1:00 – 3:30
- 1 Ballet class daily, 1 Jazz, Theater, or Hip Hop class daily
- 2 consecutive weeks per session

Please which sessions you will be attending

Session 1: June 18 – June 29 (2 wks)

Session 2: July 2 – July 13 (2 wks)

Session 3: July 16 – July 27 (2 wks)

4 consecutive weeks: _____

5 consecutive weeks: _____

6 consecutive weeks: _____

below

	\$655	
	\$655	
	\$655	
	\$1180	reflects a 10% discount
	\$1475	reflects a 10% discount
	\$1670	reflects a 15% discount

One Week add-on: \$330.00 (not consecutive)

There will be no class on July 4 please schedule a make up during another session.

Please list your current studio classes and levels – include details if not a current GDS student

Payment Information:

VISA / MC # _____ Ex Date _____

Card Holder's Name _____ Signature _____

LIABILITY WAIVER

I acknowledge that I am the parent/guardian with legal responsibility for the above-referenced participant(s) and I am authorized to legally bind him/her. I also acknowledge that any program provided by Greenwich Dance Studio involves movement and motion and may result in physical injury. I also acknowledge that dance is an art form that requires teachers and instructors to be able to have appropriate physical contact for the purpose of making technical corrections. With this understanding and in consideration for the provision of Greenwich Dance Studio programs and services, I permit my child / children to participate in Greenwich Dance Studio programs and, on behalf of myself and/or my participating children, I:

(1) Agree to assume all risk, bear all responsibility, to indemnify, hold harmless and covenant not to sue Greenwich Dance Studio, its agents, representatives, officers, and employees, from or for any and all claims (including, but not limited to claims of negligence or carelessness), causes of action, suits, proceedings, liabilities, judgments, awards, losses (including, but not limited to, loss of personal property) and damages, including costs, expenses and attorneys' fees related thereto, arising out of, resulting from or in any way related to or connected with (i) my/his/her participation in or attendance at Greenwich Dance Studio programs (no matter where such programs are located), and (ii) occurrences at or around Greenwich Dance Studio property, facilities or programs.

(2) Forever release and discharge Greenwich Dance Studio, its agents, representatives, officers, and employees, from and against any and all claims (including, but not limited to claims of negligence or carelessness), causes of action, suits, proceedings, liabilities, judgments, awards, losses (including, but not limited to, loss of personal property) and damages, including costs, expenses and attorneys' fees related thereto, arising out of, resulting from or in any way related to or connected with (i) my/his/her participation in or attendance at Greenwich Dance Studio programs (no matter where such programs are located), and (ii) occurrences at or around Greenwich Dance Studio property, facilities or programs.

(3) Consent to appropriate physical contact.

PHOTOGRAPHY

Consent to Greenwich Dance Studio photographing or videotaping me or my participating children, and I permit Greenwich Dance Studio to use my likeness and/or that of my participating children in photographs or videos for advertising and promotional purposes without compensation to my children or me.

MEDICAL AUTHORIZATION

As parent/guardian with legal responsibility for _____, I hereby:

(1) Certify that he/she is in proper physical condition to participate in Greenwich Dance Studio programs and he/she has been examined by a licensed physician and found to be in proper physical condition to participate in Greenwich Dance Studio programs.

(2) Consent for (i) Greenwich Dance Studio to render first aid to him/her in case of illness or injury, and (ii) for any emergency examination and medical treatment as approved by Greenwich Dance Studio or other adult escort or chaperone in case of illness or injury where I cannot be reached in time to authorize the treating physician to provide such medical treatment. I understand that this is to prevent undue delay and to assure prompt treatment.

(3) Acknowledge that I have adequate health insurance, am responsible for any medical expenses and that the absence of health insurance does not make Greenwich Dance Studio responsible for payment of medical expenses. I have declared any physical/mental problems, restrictions or conditions and declare the participant to be in good physical and mental health. Please indicate here if there are any other possible issues, for example, social/emotional/learning disorders or any allergies or medical/physical conditions the staff should be aware of:

Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this information will make immediate treatment possible.

I AGREE TO THE ABOVE:



SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE